

Cath Lab and Pacing Theatre telephone pre-assessment process for screening MRSA & MSSA

Issue Date	Review Date	Version
May 2021	May 2026	2

Purpose

This standard operating procedure aims to:

- Ensure all University Hospital Plymouth NHS Trust (UHP) staff are up to date with current MRSA & MSSA screening practice relevant to their role in telephone pre assessment
- Ensure that patients infected with MRSA & MSSA receive effective and appropriate treatment, and reduces their risk of developing further infection
- Reduce the transmission of MRSA & MSSA

Provide clear guidance to the MRSA & MSSA screening of telephone pre-assessed patients

Who should read this document?

This standard operating procedure is applicable to All UHP professionals involved in Cath Lab & Pacing telephone pre-assessment and the organisation of the telephone pre- assessment.

Key Messages

MRSA & MSSA is a common type of bacteria that is often carried on the skin, In the event-MRSA & MSSA bacteria Enters a break in the skin; it can cause life-threatening infections.

All UHP staff undertaking telephone pre assessment is responsible for ensuring they are aware of the UHP infection control policies relevant to the clinical role.

Core accountabilities

Owner	Registered Nurse Helen Nicholas Cardiac Catheter Lab & Pacing Theatre
Review	Theatre Policy and standards committee
Ratification	Theatre Governance committee – Service Line Clinical Governance Lead
Dissemination	Cindy McConnachie – Senior Matron Theatres and Anaesthetics
Compliance	Theatre Matrons

Links to other policies and procedures

Guidelines Title: Protocol for screening elective patients for Meticillin-Resistant Staphylococcus aureus (MRSA) and Meticillin-Susceptible S. aureus (MSSA)

Version History

1	September 2013	Drafted and Minor Adjustment
1.2	April 2014	Minor adjustments
2	May 2021	Reviewed and ratified

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to)

age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available in the Document Library. Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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Standard Operating Procedure (SOP)

1 Introduction

This SOP covers the process of MRSA & MSSA screening of patients in the community; it applies to Cath Lab & Pacing Theatre telephone pre-assessment only. It is applicable to all UHP staff undertaking or involved in Cath Lab & Pacing Theatre telephone pre assessment, and is limited to this area of pre assessment

2 Definitions

MRSA & MSSA is a common type of bacteria that is often carried on the skin, In the event MRSA & MSSA bacteria get into a break in the skin; it can cause life-threatening infections.

Our aim is to prevent patients developing life threatening infection through the appropriate screening tools available and appropriate suppression therapy.

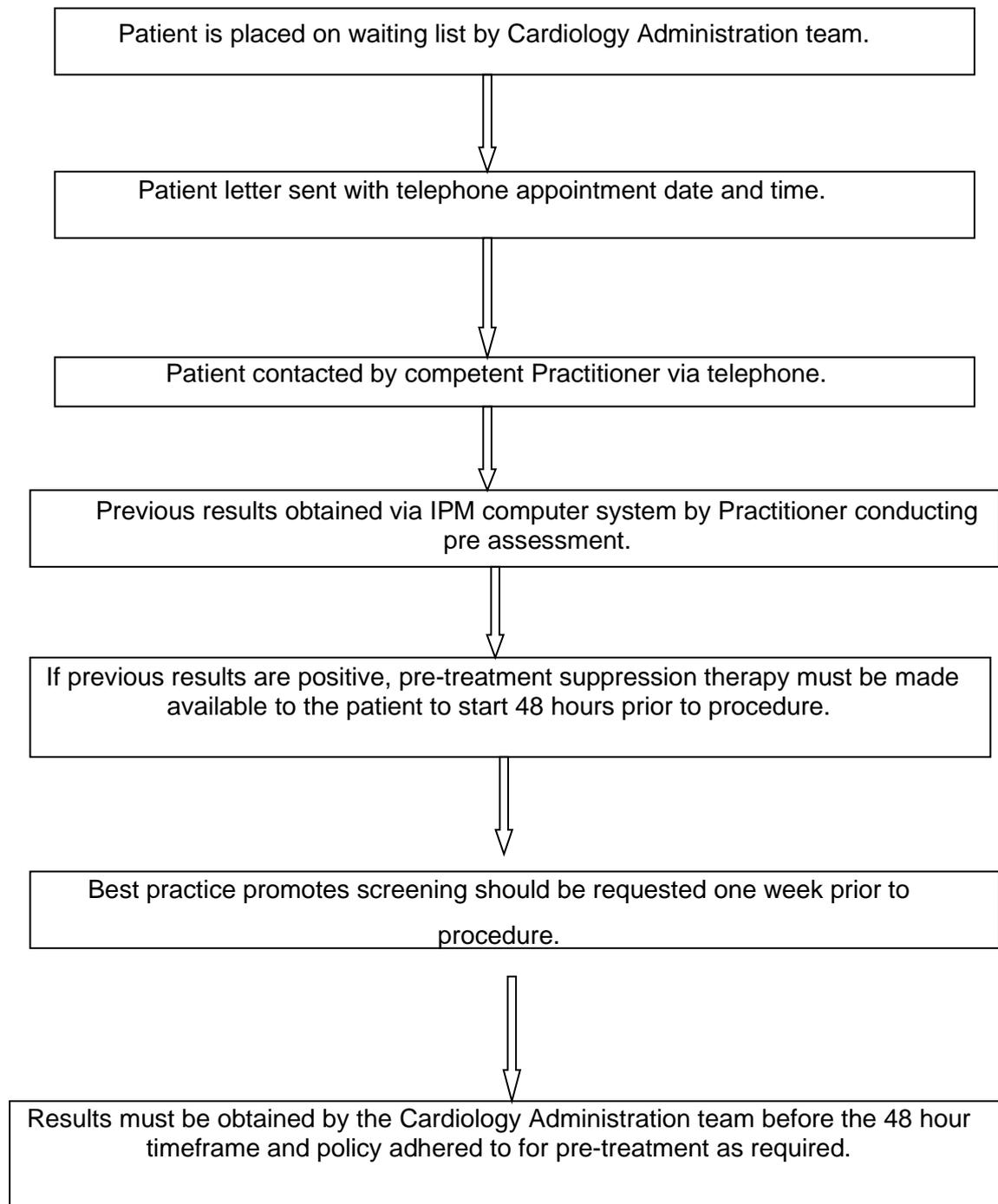
MRSA & MSSA screening using the broth system is a process used throughout the Trust to screen patients coming in for elective admissions, the aim is to identify patients that are colonised or infected with MRSA & MSSA and to treat them with the MRSA & MSSA suppression therapy to reduce the risk of complex infections.

If a patient has previously tested positive to MRSA & MSSA they must be re screened and assumed to be colonised and treated accordingly.

3 Regulatory Background

This SOP has been developed upon reviewing

- Department of Health, November 2006. Screening for Methicillin-resistant *Staphylococcus Aureus* (MRSA) colonisation: A strategy for NHS Trusts: a summary of best practice.
- Trust protocol for screening elective patient for MRSA and MSSA
- Department of Health, 2009. Health and Social Care Act 2008. Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance.
- NMC Code of conduct

Flowchart adhering to MRSA & MSSA Protocol**(Telephone Pre assessment)..**

Main step 1

The patient will be booked for a telephone pre assessment prior to the date of the procedure.

The administration staff, placing the patient on the list is also responsible for sending them a letter to invite them to have a telephone pre assessment.

Main step 2

The patient will be contacted by an appropriately competent practitioner by telephone and the assessment performed using the relevant Cardiac Integrated Care Pathway.

The practitioner undertaking the telephone pre assessment will also review the patient's alerts on IPM and follow Trust policy where a previous positive result has been alerted.

The MRSA & MSSA screening dates along with details of where the screening is performed, will be documented within the Percutaneous Coronary Intervention or Cardiac Device Implantation Integrated Care Pathway. If the patient resides out of UHP geographical area the patient will be ~~asked~~ requested to have screening performed at their ~~own~~ GP practice and the results to be made available to UHP prior to their admission. The patient will be required to obtain their ~~own~~ appointment with their GP. If this is not possible the patient will receive the suppression therapy via a courier from Pharmacy that is raised by a signed Outpatient prescription by the pre assessment nurse.

MSSA screening is not currently available by GP services, suppression therapy will need to be prescribed either by the patient arranging for the prescription from their GP. This can also be supported via an email communication from the pre assessment to the GP advising that the patient will require a prescription for suppression therapy.

MRSA & MSSA screening results must be available more than two days before the procedure date to allow time for the patient to commence suppression therapy as required in compliance with Trust policy.

In the event that the patient is not able to access their GP within the timeframe the patient can contact the Cardiology administration team to arrange to attend UHP general pre assessment department for relevant MRSA & MSSA screening.

6 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Theatre Policy & standard committee and ratified by the Clinical Governance Lead.

Non-significant amendments to this document may be made, under delegated authority from the Clinical Governance Lead, by the nominated author. These must be ratified by the Clinical Governance Lead and should be reported, retrospectively, to the Theatre Policy & standard committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

7 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Clinical Governance Lead and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

8 Monitoring and Assurance

Personal Protective Equipment (PPE) is attire issued by the trust to protect its employees from physical harm in the work place and is define in the health and safety executive regulations as "all equipment (including affording protection against the weather) which is intended to be worn or held by person at work and which protects them against one or more risks.

Standard operating procedure (SOP) is documented method of working or instruction that is authorised by the appropriate director. A SOP prescribes a procedure or strategy of a regularly occurring activity. The SOP must follow by all personnel and should be written in an uncomplicated and unambiguous way. The content of each SOP can be derived from standards, laws or publications that are publicly accessible.

1. Department of Health, November 2006. Screening for Meticillin-resistant *Staphylococcus aureus* (MRSA) colonisation: A strategy for NHS Trusts: a summary of best practice. Available at <http://www.dh.gov.uk/assetRoot/04/14/08/48/04140848.pdf>
2. Department of Health, October 2007. Our NHS, our future: NHS next stage review; interim report. Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/dh_079077
3. Department of Health, 2009. Health and Social Care Act 2008. Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance. Available at <http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance>